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| Tyco Healthca<br>c/o I.P Legal De<br>15 Hampshire S   | partment Mark Kert  | z Esq.   | I her<br>State<br>addre<br>trans   | eby certify that this Fee(es Postal Service with sulessed to the Mail Stopemitted to the USPTO (57)   | s) Transmittal is being ficient postage for first ISSUE FEE address (1) 273-2885, on the d          | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |  |
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| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED INVENTOR   | ATTO  | RNEY DOCKET NO.   | CONFIRMATION NO.   |  |
| 09/825,741<br>TITLE OF INVENTION  | 04/03/2001<br>N: METHOD AND APPA  | ARATUS FOR POSITION  | Arthur W. Zikorus<br>NING A CATHETER REL   | ATIVE TO AN ANATO   | VNUS.501C1<br>MICAL JUNCTION  | 4515   |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional  | <del>-YES-</del> No   | <del>\$755</del> -\$1510   | \$300  | \$0   | <del>-\$1055</del><br>\$1810  | 09/14/2010   |  |
| EXAMINER  |   | ART UNIT   | CLASS-SUBCLASS   |   |   |  |  |
| ROY, BAISAKHI   |   | 3737   | 606-041000   |   |   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Knobbe, Martens,  Olson & Bear, LLP |   |   |  |  |
| 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Tyco Healthca  | nless an assignee is ident<br>th in 37 CFR 3.11. Com<br>IGNEE   | A TO BE PRINTED ON The ified below, no assignee pletion of this form is NO                                     | THE PATENT (print or typ<br>data will appear on the part a substitute for filing an<br>(B) RESIDENCE: (CITY<br>Mansfield, MA   | atent. If an assignee is i<br>assignment.   | dentified below, the c  | document has been filed for  |  |
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| a. Applicant clair  | atus (from status indicate ns SMALL ENTITY stat   | us. See 37 CFR 1.27.   | ☐ b. Applicant is no lon   | ger claiming SMALL EN   | ITITY status. See 37 C  | CFR 1.27(g)(2).  |  |
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| Typed or printed nameBrent M. Dougal  |   |  | Registration No  |   |   |  |  |
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